



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

RECEIVED

JUN 15 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☒ Other (i.e. consolidation, intertie, trust water)

Explain: To correct legal description
of the existing well

CS4-WRC 00126503

FOR OFFICE USE ONLY

CHANGE No. CHCL-09-12 WRIA 45
DATE ACCEPTED 08-12-2009 6/11/09 BY [signature]
FEE \$ 1000.00 REC'D 6/11/09
CHECK No. 2601 06-15-2009

ECY Coding: 001-002-WR10285-000011

SEPA: ☒ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Don West Family Properties, LLC</u>	PHONE NO. <u>(509) 884-5709</u>	FAX NO. ()
ADDRESS <u>421 23RD NE</u>		
CITY <u>East Wenatchee</u>	STATE <u>WA</u>	ZIP CODE <u>98802</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Robert M. West</u>	PHONE NO. <u>(509) 884-5709</u>	FAX NO. ()
ADDRESS <u>421 23RD NE</u>		
CITY <u>East Wenatchee</u>	STATE <u>WA</u>	ZIP CODE <u>98802</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>001265 AND CWT516</u>	RECORDED NAME(S) <u>Don West LLC and Lake Wenatchee Water Users Association</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

CS4-WRC 00126502

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

CS4-WRC 00126503

CHCL-09-12

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
DICKINSON WELL	1	NE	SE	13	27N	16	271613410050	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Roy B. Dickinson

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic		0.98	YEAR ROUND
IRRIGATION		7	APRIL 1 TO NOVEMBER 1

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NW	19	27N	17E	Chelan	271719221400	2
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
DICKINSON WELL	1	NE	SE	13	27N	16	271613410050	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

ROY B. DICKINSON

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

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B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

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¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
NW	NW	19	27N	17E	Chelan	271719221400	2
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B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

WRC 017516 WRC 028802 WRC 001265

6. Remarks and Other Relevant Information:

The original application filed on June 7, 2001
had an incorrect legal for the location of the well
the well has always been located in NE 1/4, SE 1/4 Sec 13
T 29N, R 16E W 1M

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Robert M. Shast Mng. 5/21/09
(Applicant) (Date)

Don Nest Family Properties LLC 5/21/09
(Water Right Holder) (Date)
Robert M. Shast Mng.

Don Nest Family Properties LLC 5/21/09
(Land Owner(s) of Existing Place of Use) (Date)
Robert M. Shast Mng.

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR
APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: